

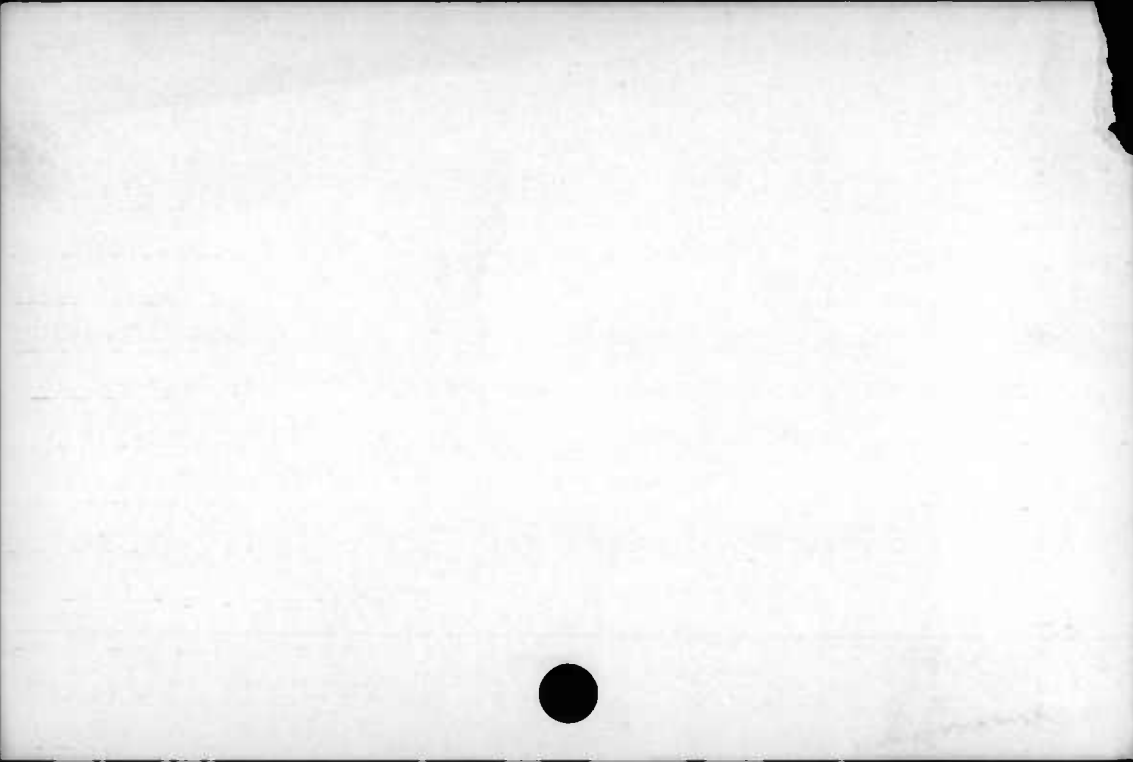
TO BE ANSWERED BY  
NEAREST FRIEND

<p>mo n Full</p> <p><i>Chas Isaac Bafford</i></p>						<p>CERTIFICATE OF DEATH</p>	
<p>Died at <i>Lucy</i> Town <i>Calvert</i> County</p>				<p>MARYLAND</p>			
<p>Date of death 190 <i>2</i> Aug. <i>20</i></p>		<p>Month Day</p>		<p>Age <i>—</i> Years</p>		<p>Months <i>8</i> Days <i>7</i></p>	
<p>Sex <i>Male</i></p>		<p>Color or Race <i>White</i></p>		<p>Birth-place <i>Calvert Co Md</i></p>			
<p>Married, Single or Widowed <i>Single</i></p>				<p>Occupation <i>—</i></p>			
<p>Name of Wife or Husband <i>—</i></p>							
<p>Father's Name <i>J. J. Bafford</i></p>				<p>Father's Birthplace <i>Calvert Co.</i></p>			
<p>Mother's Maiden Name <i>Roberta C. Feathering</i></p>				<p>Mother's Birthplace <i>Calvert Co.</i></p>			
<p>Name of person giving information <i>Oecelia Feathering</i></p>				<p>How related to deceased <i>Grandmother</i></p>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<p>Primary <i>Enterocolitis</i></p>		<p>How long <i>105</i></p>	
<p>Immediate <i>Exhaustion</i></p>		<p>How long <i>10 days</i></p>	
<p>Are the name, age, sex, color, date and place correctly given above? <i>Yes</i></p>		<p>Signature of Physician <i>Dr. J. Chambers, M.D.</i></p>	
		<p>Address <i>Betha, Calvert Co</i></p>	
<p>Accident or Suicide? <i>—</i></p>			



Name  
in  
Full

## CERTIFICATE OF DEATH

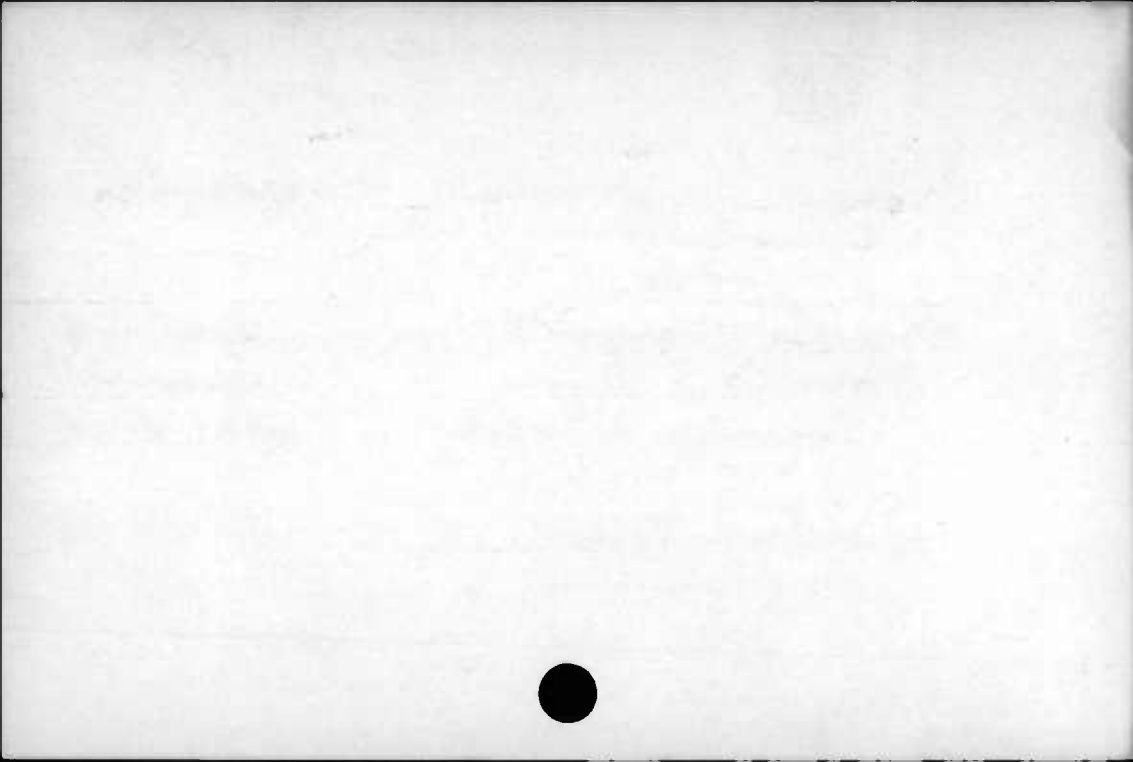
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Raymond Bonner</i>		Town <i>Pr. Frederick</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Pr. Frederick</i>		Month <i>2 August</i>		Day <i>17</i>		Age <i>1</i>	
Date of death 190 <i>2 August</i>		Years <i>1</i>		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cal. Co.</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Morris F. Bonner</i>				Father's Birthplace <i>Cal. Co.</i>			
Mother's Maiden Name <i>Jessie Jones</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Uncle Bonner</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malarial Fever</i>		How long <i>1 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. O. Leitch</i>	
		Address <i>Washington Md.</i>	
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

William Benjamin Carroll

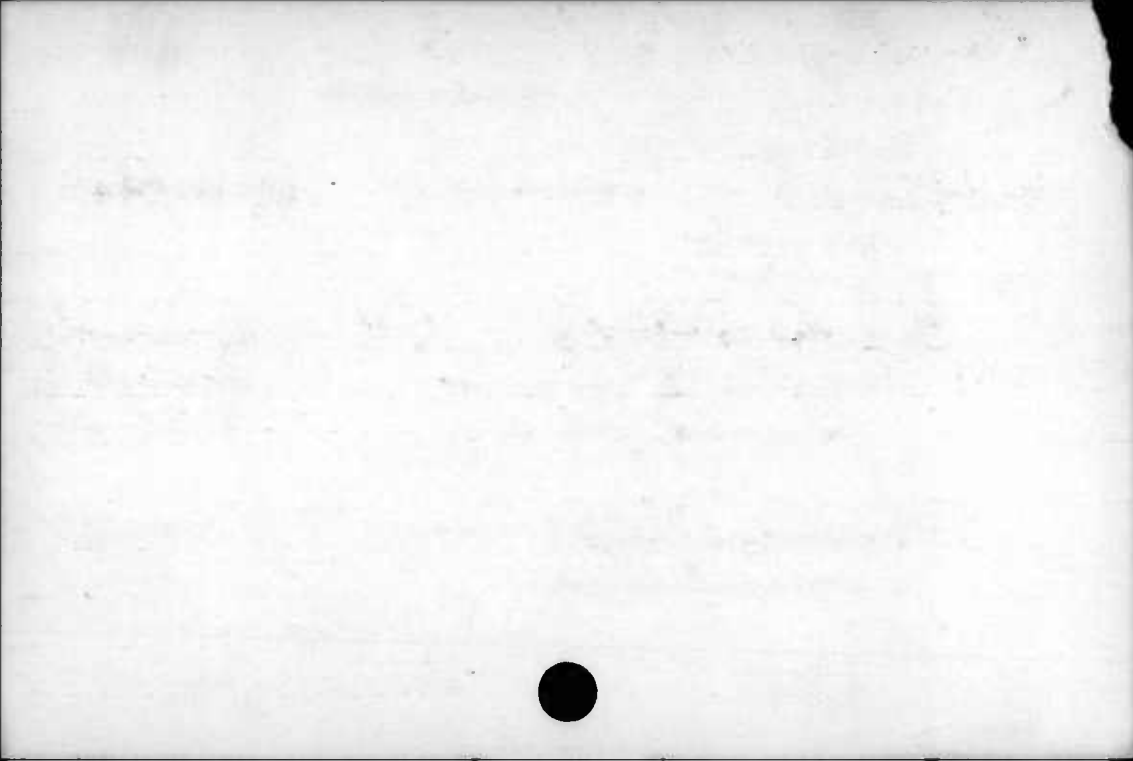
CERTIFICATE OF DEATH

Died at <i>Bertha</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>1</i> <small>st</small>	Age <i>—</i> <small>Years</small>	Months <i>—</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Calvert Co. Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Carroll</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Rosa E. Johnson</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>America Johnson</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>10 5</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. S. Chambers, M.D.</i>
	Address <i>Bertha Calvert Co</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Rachel E. G. Dent

## CERTIFICATE OF DEATH

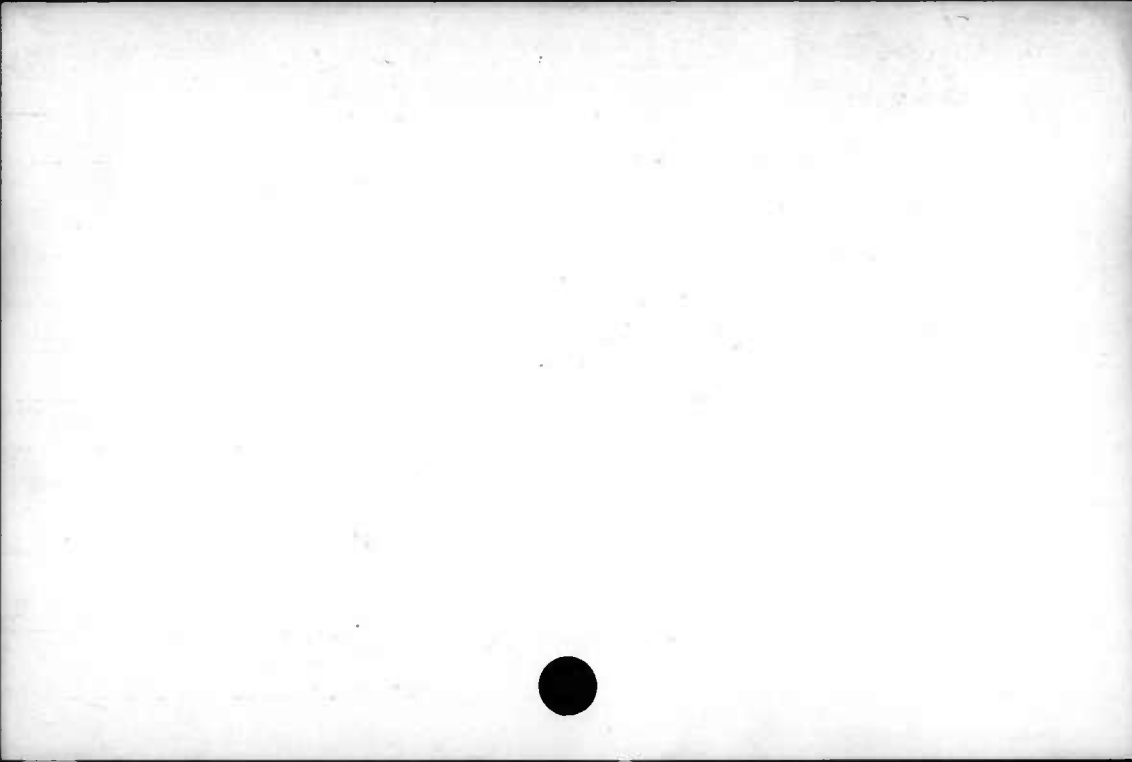
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lusby</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>2</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>4</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>12</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Lewis T. Dent</i>			<i>120</i>	Father's Birthplace <i>Charles Co</i>	
Mother's Maiden Name <i>Annie R. Weems</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Lewis T. Dent</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>8 months</i>
Immediate <i>Convulsions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Chambers, M.D.</i>
	Address <i>Bertha, Calvert Co</i>
Accident or Suicide?	





### Certificate of Death

Reported by *Lt J L Brayshaw*  
Address *Trinidad*

LIBRARY BUREAU, 79909



Name In Full

Certificate of Death

Mrs Lillie C Fowler

Died at <sup>Town</sup> Boston <sup>County</sup> Calvert MARYLAND

Date 1902 Aug 10 Age 38 Native of Calvert Occupation housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living one

Husband of William Fowler

Wife

Father's Name Edmund Smith Mother's Maiden Name Leathes Essey

Cause of Death { Primary Consumption Immediate 27

How long sick 6 months

Accident, Suicide, Homicide

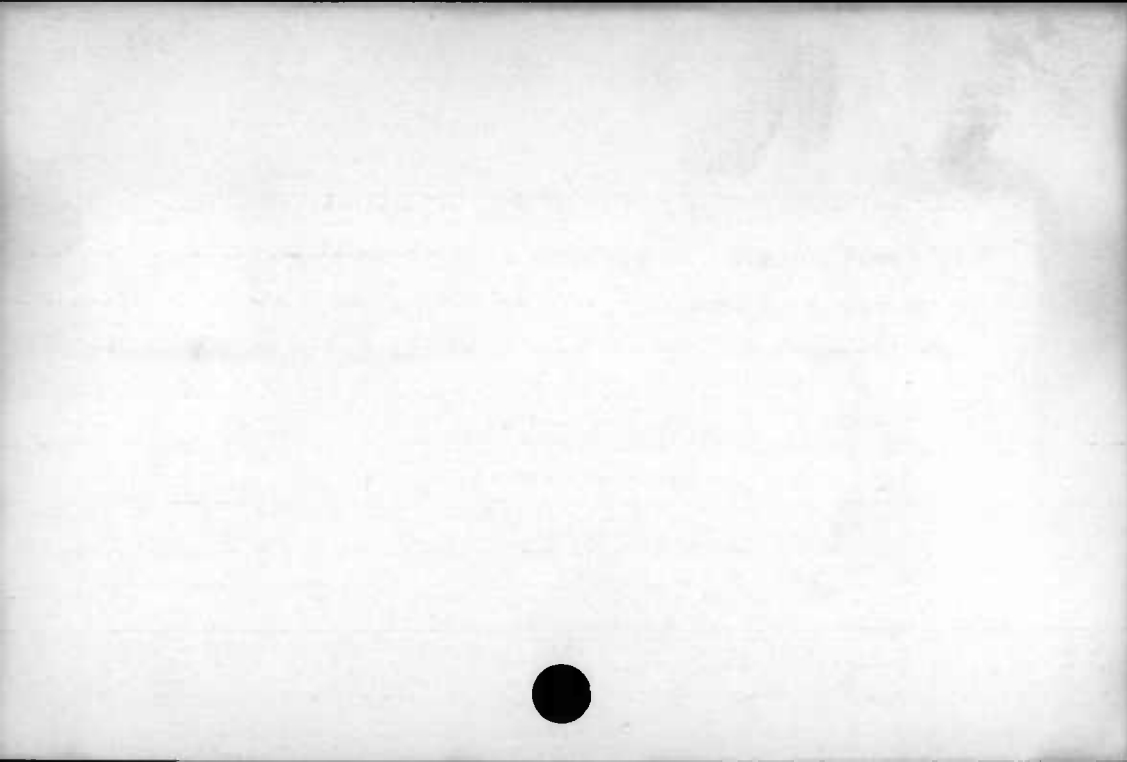
Reported by Wm H Hutchins

Address Adelia Calvert County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Octorio J. Gibson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Huntingtown		Calvert		MARYLAND	
	Date of death	1902	Month	Aug.	Day	16	Age	
	Sex		male		Color or Race		white	
	Married, Single or Widowed		Single		Occupation		Farmer	
	Name of Wife or Husband							
	Father's Name				Samuel Gibson		Father's Birthplace	
	Mother's Maiden Name				Mary Ann Watson		Mother's Birthplace	
	Name of person giving information				J. Mason Trub		How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				Hemiplegia			How long
	Immediate				Diarrhoea			How long
	Are the name, age, sex, color, date and place correctly given above?				yes			
					Signature of Physician			
					Address			
Accident or Suicide?								



Name in Full

Certificate of Death

Samuel James Harten

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 August 16 Age 58-11-7 Delaware Carpenter

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Samuel J. Harten Mary Stickey

Cause of

Primary

Brights Disease 7 yrs.

Death

Immediate

Dropsy - Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. W. H. March

Address

Solomons Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

15

MARYLAND

Died at

Town

County

Month

Day

Y.

D.

Native of

Occupation

Date 19

02 Aug.

26

Age

26

Cecil

Housewife

White

X

Married

X

Widow

X

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Edward E. Long

Wife

Father's

Name

Mother's

Maiden Name

Aly. Brown

Bella Williams

Cause of

Primary

Lobar.

How long sick

3 hours

Death

Immediate

Hemorrhage Post Partum

Accident, Suicide, Homicide

Reported by

J. W. D.

Address

135  
Brooks  
Middletown

Must be signed by physician, if any in attendance, otherwise by

er, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Anne Katherine Mackall

Town

County

Died at

Harrison

Calvert CO

MARYLAND

Date 19

02

Month

Day

aug 19

Age

Y.

M.

D.

30

Native of

Baltimore

Occupation

Domestic

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

1

Husband

of

Ruth A. Mackall

Wife

Father's

Name

Mother's

Maiden Name

Mary Johnson

Cause of

Primary

Injury -

How long sick

4 days

Death

Immediate

Asphyxiated, 179

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79868



Name  
in  
Full

*No name Mason*

CERTIFICATE OF DEATH

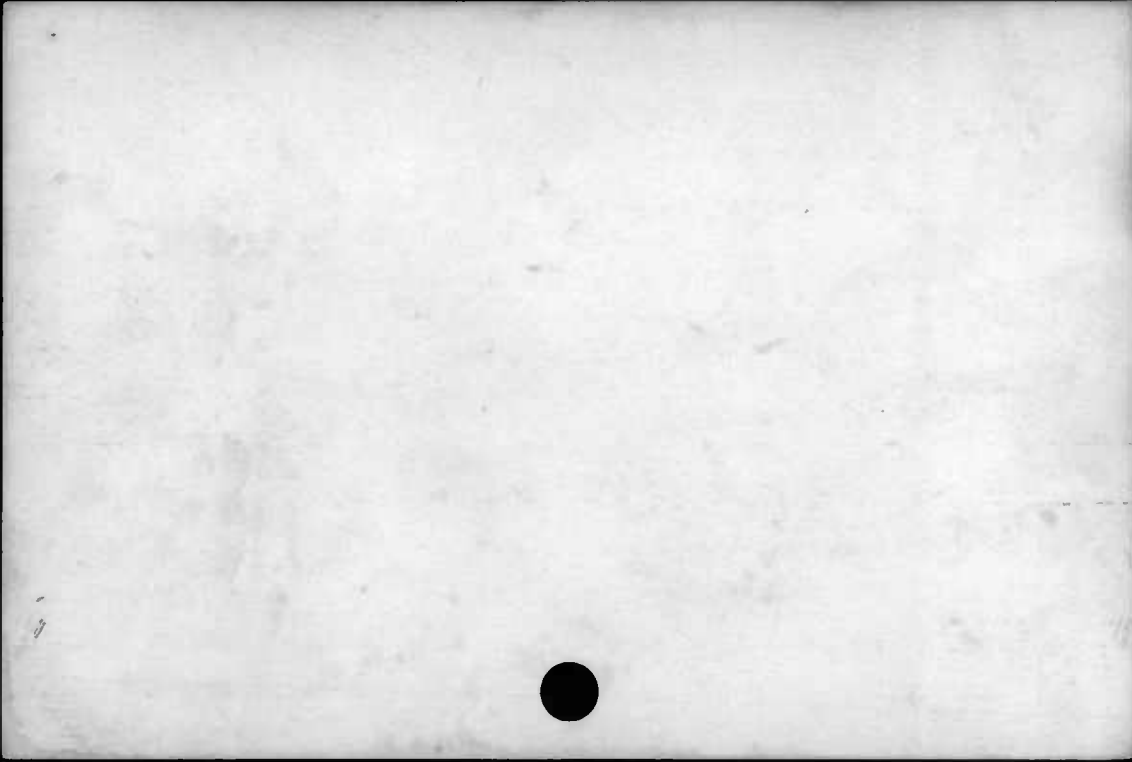
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burston</i>		Town		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>9</i>	Age	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>John Mason</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Anna Smallwood</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John Mason</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John Mason</i>
		Address <i>Burston</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

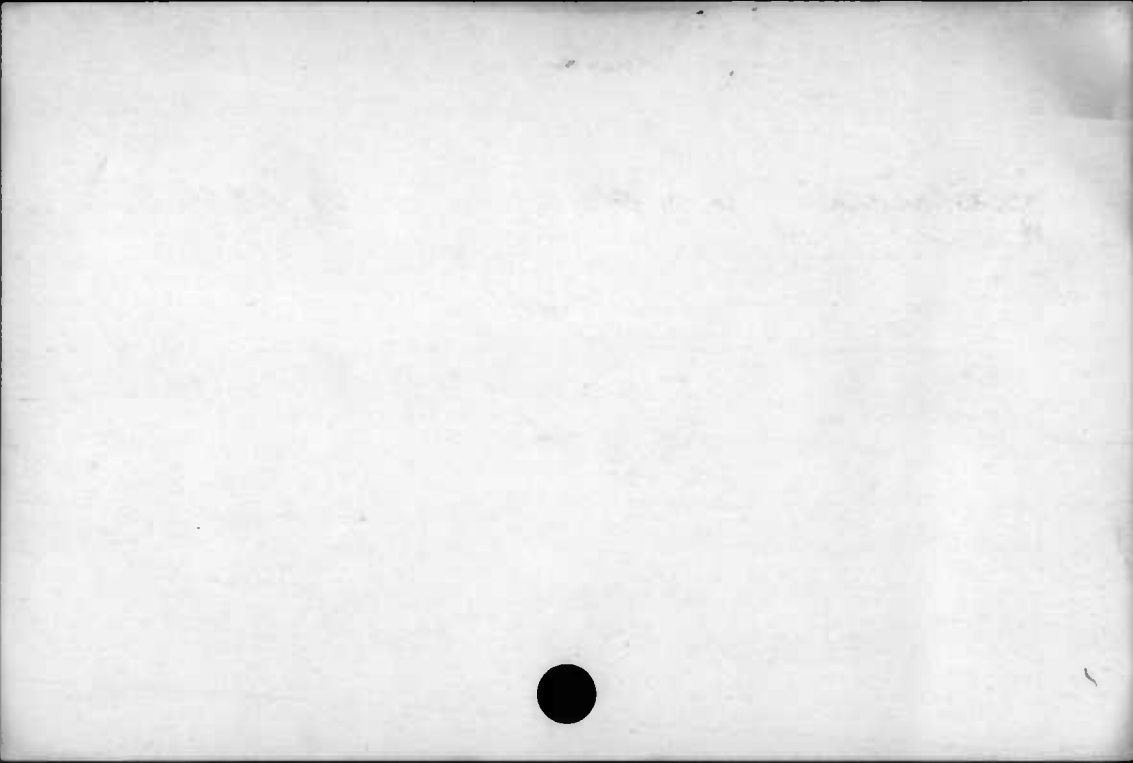
TO BE ANSWERED BY  
NEAREST FRIEND

Sallie Williams						TOWN		COUNTY		MARYLAND	
Died at		Po. Frederick		Caevent							
Date of death 190		2 Aug		9		Age 13		Months		Days	
Sex		Female		Color or Race		White		Birth-place		Caevent	
<del>Married, Single</del> <del>or Widowed</del>				Occupation							
Name of Wife or Husband											
Father's Name						Father's Birthplace					
Benja. H. Williams						Caevent Co					
Mother's Maiden Name						Mother's Birthplace					
Mary A. Bowers						" "					
Name of person giving information						How related to deceased					
Benja. H. Williams						Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Bronchitis		90		How long		8 months	
Immediate		Exhaustion				How long		" "	
Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician		A. J. Williams M.D.	
						Address		Barstow Md.	
Accident or Suicide?									





Name  
in  
Full

Lida D. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Chaseyville		Calvert-					
Date	Month	Day	Years	Months		Days	
of death 1902	Aug	9	Age 25				
Sex	Female		Color or Race	Colored		Birth-place	Washington D.C.
Married, Single <del>or Widowed</del>	Single		Occupation	House woman			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charles Duvall				Washington D.C.			
Mother's Maiden Name				Mother's Birthplace			
Mary J. Abrams				Calvert Co Md			
Name of person giving information				How related to deceased			
Dr. Tho. M. Chaney				No			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis	How long	9 Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Tho. M. Chaney	
		Address	
		Baltimore City	
		Md.	
Accident or Suicide?			



Mellie May Wood

Town

County

Died at

Holland Pt

Calvert

MARYLAND

Date <sup>1902</sup> ~~189~~ <sup>Month</sup> Aug <sup>Day</sup> 14 | Age <sup>Y.</sup> 21 <sup>M.</sup> 5 <sup>D.</sup> | Native of Md | Occupation  
~~Male~~ White ~~Married~~ Widow | Divorced  
 Female ~~Colored~~ Single | Widower | Number of children living 3

Husband of

Wife

Father's

Name

Enoch G Wood

Mother's

Name

Janey Wood

Cause of

Primary

Acute Meningitis

How long sick

Eight days

Death

Immediate

Convulsion

Accident, Suicide, Homicide

Reported by

J. N. King Md

Address

Barstow Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

